

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MAY 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed post operative therapy 18 units (97110, 97112, 97140, 97035, 97530)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| Primary Diagnosis | Service being Denied | Billing Modifier | Type of Review | Units | Date(s) of Service | Amount Billed | Date of Injury | DWC Claim# | IRO Decision |
|-------------------|---|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 722.10 | 97110, 97112, 97140, 97035, 97530 | | Prosp | 18 | | | | | Upheld |
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 33 pages of records received to include but not limited to: letters 3.10.08, 3.17.08, 4.21.08; Request for an IRO forms; report 3.8.08, 3.17.08; records, Solutions 3.4.08

Requestor records- a total of 34 pages of records received from Solutions to include but not limited to: records 10.24.07-3.4.08; MRI L-Spine 12.21.07; report, Dr. 1.25.08; note Dr. 2.6.08; letter 11.5.07, 12.18.07

Treating Doctor records- a total of 18 pages of records received from Dr. to include but not limited to: records, Dr. 1.9.08-4.15.08; Solutions notes, 1.15.08; MRI L-Spine 12.21.07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 10/16/07, the patient who is a male, xx years of age, tripped and fell while lifting and developed low back and right greater than left leg pain. He presented to Dr.. He had formal therapy. A lumbar MRI was completed on 12/21/07 and showed a left L5-S1 disc protrusion. An EMG/NCV done by Dr. noted increased L4-S1 paraspinal insertional activity. On 2/6/08, Dr. did a left L5-S1 decompression and disc excision. On 3/4/08, the patient was released for post operative therapy with Dr.. Eighteen sessions of multimodal therapy were requested.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Recommendation: Uphold Denial.

The post operative care regimen included ultrasound and manual therapy as well as therapeutic exercise and activities and neuromuscular re-education. The patient would warrant an exercise based therapy course but the necessity for ultrasound and manual therapy is not validated by the ODG. Thus, the request is not approved as submitted and partial approvals are not allowed. Thus, the prior denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES